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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 46527
First Named Inventor MILLS, ROBERT; ET AL.

COMPLETE IF KNOWN

Application Number 10/669,416
Filing Date September 25, 2003
Art Unit
Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MAHONIA AQUIFOLIUM EXTRACT, EXTRACTION PROCESS AND PHARMACEUTICAL COMPOSITION
CONTAINING THE SAME

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/25/2003

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|-------------------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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or Bar Code Label

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State

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert

Family Name
or Surname MILLS

Inventor's
Signature X *R. Mills*

Date

Residence: City

State

Country

Citizenship

Mailing Address X *1065-103 EGLINTON AVE WEST*

City *TORONTO*

State *ONT*

ZIP *M6C 2E1*

Country *CANADA*

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Rajiv

Family Name
or Surname MATHUR

Inventor's
Signature X

Date

Residence: City

State

Country

Citizenship

Mailing Address X

City

State

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Country

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1

| | | | |
|---|--------------|---|--------------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name Nadya | | Family Name or Surname LAWRENCE | |
| Inventor's Signature <u>X</u> | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address <u>X</u> | | | |
| Mailing Address | | | |
| City | State | ZIP | Country |
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| Given Name | | Family Name or Surname | |
| Inventor's Signature | | Date | |
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| Given Name | | Family Name or Surname | |
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| Mailing Address | | | |
| Mailing Address | | | |
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| | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorName
(first and middle [if any]) RobertFamily Name
or Surname MILLSInventor's
Signature X *R. Mills*

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) RajivFamily Name
or Surname MATHURInventor's
Signature X *R. Mathur*

Date

Residence: City

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☐ A petition has been filed for this unsigned inventorGiven Name
NadyaFamily Name
or Surname LAWRENCEInventor's
Signature X

Date

Residence: City

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Mailing Address X

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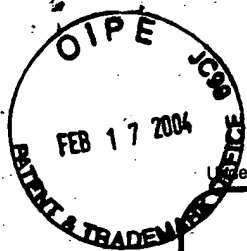
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| First Named Inventor | MILLS, ROBERT; ET AL. |
| COMPLETE IF KNOWN | |
| Application Number | 10/669,416 |
| Filing Date | September 25, 2003 |
| Art Unit | |
| Examiner Name | |

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| | | | | YES | NO |
| | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert

Family Name
or Surname MILLS

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Rajiv

Family Name
or Surname MATHUR

Inventor's
Signature

Date

Residence: City

State

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Citizenship

Mailing Address

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name Nadya

Family Name or Surname LAWRENCE

Inventor's

Signature

Date

Sept 17/03

Residence: City

State NJ

Country USA

Citizenship USA

Mailing Address

704 New England Rd

Mailing Address

City

Cape May

State NJ

ZIP 08204

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name

Family Name or Surname

Inventor's

Signature

Date

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Citizenship

Mailing Address

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

| | |
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| Application Number | 10/669,416 |
| Filing Date | September 25, 2003 |
| First Named Inventor | MILLS, ROBERT; ET AL. |
| Title | MAHONIA AQUIFOLIUM ... |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 46527 |

I hereby appoint:

☒ Practitioners at Customer Number

02048



☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The above-mentioned Customer Number.

OR

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02048

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Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-----------------|
| Name | Robert Mills |
| Signature | <i>R. Mills</i> |
| Date | JUNE 10, 2003 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

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OR

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Number Bar Code
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Individual Name

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I am the:

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SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

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| | Attorney Docket Number | 48527 |

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☐ OR
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☐ OR

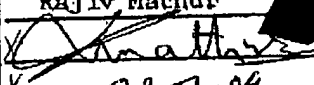
| | | | |
|--|-------|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

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SIGNATURE of Applicant/Assignee of Record

| | |
|-----------|---|
| Name | Rajiv Mathur |
| Signature |  |
| Date | 02.07.04 |

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